

Edinburgh or London, the other undergoing the drudgery of parish work for their mutual support. There are few instances on record of the pursuit of knowledge under difficulties that bring a more affecting picture, and at the same time cheering picture, to the mind, than those two young men thus struggling with such obstacles to knowledge, and each in after years reaching the meridian of fame in Edinburgh and London.

The public often wonder when they see men, to them as it were, suddenly bursting into high position and great emoluments, and are prone to attribute it to some ridiculous cause, or chance, or accident, such as narrated in the Diary of a late Physician, or some other similar nonsensical sensational production, no more like the reality than "I to Hercules"; but the public had not seen the long, silent, and continuous hard years of labour in hospital, lecture-room, or study. These labours have been laying the substructure, on which the foundation of the edifice of Fame and Wealth at length arose, which arrested the public eye, and at which it ignorantly wondered.

The burst of professional eminence is like that of the palm; its growth has been going on silently and almost imperceptibly, but when the time of bearing fruit arrives, it springs forth like the eastern fruit with what seems a sudden burst. Don't believe in chance or trust in luck.

OBSTETRICS.

DIAGNOSIS OF EARLY PREGNANCY.

Dr. Adolph Rasch, in a paper read before the Obstetrical Section Brit. Med. Association, stated that he wished to draw attention to an important symptom of pregnancy of the first three months, of which until now no notice has been taken by French, English, and German authors. After briefly reviewing the early symptoms as taught in handbooks, including the symptom on which Dr. Barnes laid stress before this Association, Dr. Rasch said that no opinion should be expressed in any case unless the uterus had been made out beyond doubt by the bimanual examination. The vaginal examination should always be made by two fingers, unless circumstances forbade it, as by so doing results much more accurate could be obtained. An enlargement found, the distinction had to be made between enlargement by hypertrophy, or by tumours, and enlargement by pregnancy. To solve this difficulty, the author has continued his investigations in a very large number of cases of which he kept notes for nearly ten years, and enlarged experience has fully borne out what had helped him in making a few times a right diagnosis where better men had failed. This important symptom was fluctuation. That it must be felt very early seemed to him, *a priori*, certain. For why should half an ounce or more of liquor amnii, inclosed under conditions very favourable for this purpose, not be felt equally well as a few drops of pus in a parantium? The notes of several hundred cases satisfactorily answer this question. Fluctuation could be felt in some cases as early as the seventh week of pregnancy; in most cases after the second month. With every following year the author had less difficulty in detecting this very important sym-

ptom. By adding to it the areolar signs of the mamma, we should be able in many cases to make an almost certain diagnosis. The author here mentioned another valuable symptom in early pregnancy which often directed attention to pregnancy, viz., the increased desire to pass urine, especially at night. It certainly ought to put the practitioner on his guard, and make him eschew the use of that valuable instrument for confirming a diagnosis already made—the uterine sound—which, in fact, should never be used by those that could not dispense with it in making a diagnosis. The objection to fluctuation as a symptom of pregnancy might be that it could not be felt, or if felt, might be due to retention of other fluid than liquor amnii. Considering the great rarity of retained menses or other discharges, the mistakes would be rare, even if other symptoms did not help us to make a distinction. But it would certainly be safer practice for a short time to suspect pregnancy, where it did not exist, than to do the reverse. To meet the other objection that fluctuation could not be felt so early, Dr. Rasch urged his hearers to try patiently, and their assiduity would be rewarded. The best way to feel it was to introduce two fingers into the vagina, while the other hand steadied the womb through the abdominal walls, and alternately to manipulate the uterus with the two fingers. In some part of the uterus the fluctuation would be found often in one corner of the fundus, sometimes lower down. In most cases of early pregnancy, the author found the uterus anteverted, and then the manipulation was easier done than when the womb was retroverted. The fluctuation was in the beginning mostly only felt by the fingers in the vagina, sometimes, too, by the outer hand at the same time. After three months, it would be mostly felt by outward manipulation alone, but we should never trust to that only. The catheter should always be introduced when accurate results were desired.—*Brit. Med. Journ.*

TEDIOUS LABOUR FROM DEBILITY AND ITS TREATMENT.

Dr. Hugh Miller, of Glasgow, in a paper read before the Obstetrical Section, British Med. Assoc., made some remarks having reference solely to cases in which delay was due to enfeeblement or failure of the natural powers of the organs specially called into action during parturition. The writer held that the element of time should not be considered in the classification of labours, that it was unscientific to do so, and that uncomplicated labours should only be assumed to be unnatural when the pains were no longer active, and the labour non-progressive. After considering the powers of expulsion in a healthy woman, the author referred to the forces at work which prevented a high standard of health from being maintained in city life, and said that in proportion as it was wanting, labour was prolonged in many cases. Labour in cities was thus frequently tedious from constitutional debility, so that, even while it might be regular and its progress certain for a time it either lingered or became arrested through exhaustion taking place before the labour was completed. When symptoms of fatigue set in the pains were short and sharp, and they re-

curred more frequently. The general indications for treatment were to support the strength before labour set in, and during the first stage, and as soon as the pains indicated debility, to deliver with the forceps. The timely application of the forceps was preferred to ergot, because it seemed more reasonable to assist a weakened organ by giving help from without than by applying a stimulant to an already overworked one. This practice, instead of inducing flooding, helped to prevent it, through preserving the power of the uterus from becoming exhausted; it also prevented inflammatory diseases of the passages, and the death of the foetus. In his private practice, he found one case in every twenty-six labours show symptoms of debility; and since he had adopted the early application of the forceps, not one of the children so delivered were stillborn.—*Brit. Med. Journal.*

SURGERY.

FRENCH PRACTICE IN THE TREATMENT OF WOUNDS.

At the Medical Section of the French Association for the Advancement of Science, Dr. Azam, surgeon to the St. André's Hospital, Bordeaux, treated of his Method of Dressing after Amputations. The first point he examined was,—Should the wound be united by first intention or not? In answer to this query he stated as his opinion that some structures should be united and others allowed to suppurate. Taking as a type amputation of the thigh, Dr. Azam described his system as follows:—He makes two flaps nearly equal, and leaves the wound exposed for a little while, in order to lessen the chance of subsequent hæmorrhage. He places a drainage-tube next to the bone, the ends issuing on both sides, and fixed to the thigh by collodion. He unites the flaps, first, by a deep suture, merely twisting the wires to enable him to relax them should it be necessary; secondly, the edges of the flaps are brought together by a carefully made suture. The flaps unite in their deep and superficial parts, and the suppuration caused by the extremity of the bone finds its way out through the drainage-tube. Complete union by first intention after amputation Dr. Azam deems impossible; to attempt it is mere waste of time, and often a dangerous experiment. He completes the dressing by applying cotton-wool, kept in position by a bandage both firm and tight. On the third or fourth day Dr. Azam removes the superficial sutures; and on the tenth day the tube is withdrawn. The wound is afterwards dressed with alcohol, or a cotton-wool dressing applied. Dr. Azam never uses water or sponges. On an average most of the amputations dressed according to this method are, he states, completely well on the fifteenth day. Dr. Azam instanced several cases taken from his practice at the Hôpital St. André. An amputation of the leg was entirely cicatrised on the eleventh day; some on the thirteenth and fifteenth day. A young girl had quite recovered, after amputation of the thigh, on the sixteenth day.

This communication was followed by a most important discussion.

Professor Verneuil, in a brilliant improvisation,